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**FACSIMILE TRANSMISSION**

DATE: July 12, 2004

**FROM:**

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**NUMBER OF PAGES (including this page):**

3

**EMAIL:** swebb@dsoblaw.com

**TO:**

Office of Initial Patent  
Examination's Filing Receipt  
Corrections

**TELEPHONE:**

**RE:**

Application No. 09/696,562  
Filed: 10/25/2000  
Art Unit 2626  
Docket No. 00CXT0006N

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(703) 746-9195

**MESSAGE**

1. Transmittal (one page);
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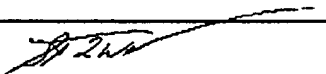
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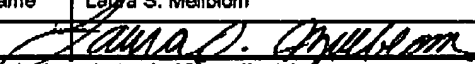
PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0851-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/696,562; Confirmation No. 2706	
	Filing Date	10/25/2000	
	First Named Inventor	Vialle	
	Art Unit	2626	
	Examiner Name	Thomas J. Lett	
Total Number of Pages in This Submission	one	Attorney Docket Number	00CXT0006N

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Red-lined copy of Filing Receipt showing correction of Le Cannet, FRANCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/696,562	10/25/2000	2622	826	00CXT0006N	3	22	4

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## FILING RECEIPT



\*0C000000005659559\*

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## Applicant(s)

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Remy Gauguey, ~~Le Cannet~~, FRANCE;*Le Cannet*

Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 01/05/2001

## Title

Packet length indication for a facsimile system

## Preliminary Class

358

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